PTO/SB/06(08-03)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a visid OMB control ourible. Approved-for use through 7/31/2008, OMB 0651-003 2 U.S. Patern and Trademark Office: U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Application or Operal Number CLAIMS AS FILED - PART I (Caturna 1) (Cotumn 2) SMALL ENTITY. OTHER THAN FOR OR HUMBER FILED BASIC FEE SMALL ENTITY NUMBER EXTRA (37 CFR 1.16(a)) RATE FEE TOTAL CLAIMS RATE FEE (37 CFR 1.15(c)) OR MOEPENDENT CLAIMS minus 20 = (37 CFR 1.16(b)) OR Minus 3 e MULTIPLE DEPENDENT CLAIM PRESENT ОR (3) CFR 1.16(d)) 'If the difference in column 1 is less than zero, enter 'O' in column 2 OR TOTAL CLAIMS AS AMENDED - PART II 08 TOTAL (Column 1) (Column 2) (Column 3) CLAIMS SMALL ENTITY OR OTHER THAN HIGHEST REMAINING SMALL ENTITY NUMBER AFTER PRESENT PREVIOUSLY RATE AMENDMENT EXTRA ADÓ! PAID FOR RATE Tala TIONAL ADDI. (3) CFR 1,15(e)) Minus FEE TIONAL Independent (37 CFR 1.15Q-17 FEE ũ x s 25 : Minus OR x:50 x 1/00 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.16(6) OR 1200 OR +:360 TOTAL TOTAL ADD'L FEE (Column I) OR ADO'L FEE (Calumn 2). (Columna) CLAIMS REMAINING HIGHEST AFTER MENDMENT NUMBER PRESENT PREVIOUSLY RATE EXTRA Total ()) OFR 1.16(c) PAID FOR RATE TIONAL NON ADDI-Minús 20 TIONAL independent profit i ichii FEE 2 OR :<u>50</u> = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL ADD'L FEE (Column 1) OR ADD'L FEE (Calumn 2) (Column 3) CLAIMS HIGHEST REMAINING ENDMENT AFTER AMENDMENT NUMBER PRESENT PREVIOUSLY RATE EXTRA ADDI-RATE म्बर्धा कार्ट्स । (ब्रव्ध PAID FOR TIONAL ADDI Minus FEE TIONAL (37 CFR 1.160)) x 125 = Minus ₹ OR × 150. FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) x s/00= OR x 1 ZDO-+1/80= OR +340

If the entry in column 1 is less than the entry in poluntifit?; write '0' in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter '20'.

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter '3'.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this birden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.